

Sample Training Agreement



This document shows expectations set out for *Work Readiness: Hawk Lake*, a program which included Skills for Success and occupational health and safety training for the construction sector. It specifies both what participants can expect and what is expected of them.

Use the sample as a model to create a Training Agreement that will work for your target group of participants.

Welcome to *Work Readiness: Hawk Lake*! PTP Adult Learning and Employment Programs and Hawk Lake are very excited to work together to help you develop the skills you need to get and keep a job.

Work Readiness includes seven weeks of full-time classroom training and a five-week paid job placement.

In the training you will receive the following benefits:

- ✓ Improved adaptability, collaboration, communication, problem-solving, reading, writing, numeracy and digital skills
- ✓ A chance to reflect on and address what's keeping you from achieving your goals
- ✓ Health and safety training and certification, including first aid, WHMIS, fall protection and tool safety

If you demonstrate commitment during the training and readiness for employment, you will receive these further benefits:

- ✓ Free safety boots
- ✓ A job placement with a local construction company

Expectations

You are expected to attend and be on time each day. If you are unable to attend, you must inform the instructor before class starts. [Instructor] can be reached at [phone number].

You will be paid a training allowance for participating in the program. There will be deductions for any absences or late arrivals. Participants who demonstrate a commitment to the program and readiness for employment will receive safety boots and go on to the paid job placement.

You will be asked to share your thoughts about Work Readiness at the end of the classroom training, after the job placement and six months after the program ends. Your feedback will be used to improve future programs.

Please sign to show that you understand and agree to the expectations outlined above.

Print name

Signature

Date

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If you have questions or want to know more about the program, please contact the coordinator or community representative.

[Coordinator Name]

[Email address]

[Phone number]

[Community Representative Name]

[Email address]

[Phone number]